# ROUTING AND TRANSMITTAL SLIP

| | | |
|---|---|---|
| 1 TO *(Name, office symbol or location)* TOM HENDERSON | INITIALS | CIRCULATE |
| | DATE | COORDINATION |
| 2 | INITIALS | FILE |
| | DATE | INFORMATION |
| 3 | INITIALS | NOTE AND RETURN |
| | DATE | PER CONVERSATION |
| 4 | INITIALS | SEE ME |
| | DATE | SIGNATURE |

REMARKS

PLEASE CORRECT SPELLING & WORK THIS OUT.

Do NOT use this form as a RECORD of approvals, concurrences, disapprovals, clearances, and similar actions

| | |
|---|---|
| FROM *(Name, office symbol or location)* Assistant Attorney General, Criminal Division. | DATE 7/15 |
| | PHONE |

OPTIONAL FORM 41 548—16—81694-1 552-103 GPO 5041-101
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